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PTO/SB/82 (06-03)  
Approved for use through 11/30/2005. OMB 0651-0035  
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## REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY

Application Number	09/771,797
Filing Date	January 29, 2001
First Named Inventor	Hoffmann
Art Unit	2839
Examiner Name	Chandrika Prasad
Attorney Docket Number	Patrick J. Walsh, Esq.

I hereby revoke all previous powers of attorney given in the above-identified application:

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners at Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

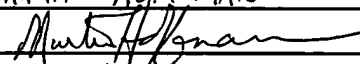
<input checked="" type="checkbox"/> Firm or Individual Name	MARTIN HOFFMANN				
Address	20 HAWLEY ROAD				
Address					
City	SHELTON				
Country	U.S.A.	State	CT	Zip	06484
Telephone	203 926 6943	Fax	203 925 9185		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

### SIGNATURE of Applicant or Assignee of Record

Name	MARTIN HOFFMANN		
Signature			
Date	July 12, 2003	Telephone	203 926 6943

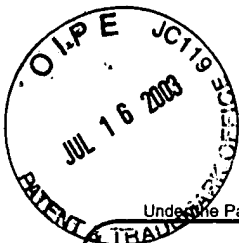
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY**

Application Number	89/771,797
Filing Date	January 29, 2001
First Named Inventor	HOFFMAN
Art Unit	2839
Examiner Name	CHANDRIKA PRASAD
Attorney Docket Number	Patrick J. Walsh, Esq.

I hereby revoke all previous powers of attorney given in the above-identified application:

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners at Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with Customer Number: 

OR

<input checked="" type="checkbox"/> Firm or Individual Name	MARTIN HOFFMAN				
Address	20 HAWLEY ROAD				
Address					
City	SHELTON				
Country	U.S.A	State	CT	Zip	06484
Telephone	203 926 6943	Fax	<del>203</del> 203 925 9185		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	William J. Telesco		
Signature	<i>William J. Telesco</i>		
Date	July 12, 2003	Telephone	860-489-1092

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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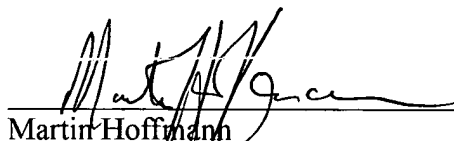


Power of Attorney

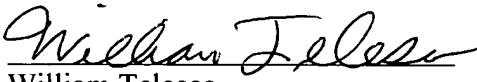
I, Martin Hoffmann, residing at 20 Hawley Road, Shelton, CT and I, William Telesco, residing at 148 Babbling Brook Road, Torrington, CT Hereby declare that:

We are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled FULL MESH OPTICAL INTERCONNECT, application number 09/771,797 described and claimed in the above application for United States Letters Patent.

We hereby reclaim power of attorney to prosecute this application and to transact all business in the Patent & Trademark Office connected therewith and to receive all communications at Martin N. Hoffmann, 20 Hawley Road, Shelton, CT 06484.

  
Martin Hoffmann  
20 Hawley Road  
Shelton, CT 06484

Date: 7/12/03

  
William Telesco  
148 Babbling Brrok Road  
Torrington, CT 06790

Date: 7/12/03

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	091771, 797	
	Filing Date	January 29, 2001	
	First Named Inventor	Hoffmann	
	Art Unit	2839	
	Examiner Name	Chandrika Prasad	
Total Number of Pages in This Submission	4	Attorney Docket Number	N/A

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Enclosed and submitted herewith Power of Attorney and two Revocation of Power of Attorney forms PTO/SB/82 signed by both Applicants/Inventors Martin Hoffman & William Telesco		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	William J. Telesco	
Signature	William J. Telesco	
Date	July 16, 2003	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	William J. Telesco		
Signature	William J. Telesco	Date	July 16, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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